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Central venous occlusive disease in hemodialysis patients – What to do when the dialysis fistula is quickly occluded after reintervention?

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Introduction: Recurrent or long-term central catheterization could lead to central thoracic venous stenosis or occlusion. The symptoms are a shunt/fistula dysfunction or occlusion with visible collateral circuit on the skin and increased venous pressure during hemodialysis.

Methods: We describe our diagnostic and therapeutic strategy on five patients with thoracic central vein stenoses treated in our hospital during the last 2 years. All patients have a history of 5-10 years in hemodialysis and underwent 2-4 fistula operations within the last 12 months. A venous CT of the thoracic veins was indicated by all patients after revascularization when the dialysis fistula was quickly occluded. The CTs identified 4 occlusions of the vena brachiocephalica and one of vena subclavia. Moreover, two obstructions of vena cephalica as well as one aneurysm of the fistula vein were detected. Four patients were successfully operated with thrombectomy and simultaneous implantation of relatively small-caliber vein stents (8-12 mm diameter) in central position. One had a percutaneous thrombectomy of thoracic veins with thrombectomy system and stent application over the same access.

Conclusions: In patients with recurrent occlusions of arteriovenous access and a long-term history of

hemodialysis, a stenosis of the central veins can be included. Already at the first sign of shunt dysfunction, a diagnosis has to be made to avoid an acute occlusion and the then often necessary implantation of a central venous catheter. We recommend the one-time care with thrombectomy and central venous stenting. Even after the implantation of relatively small-caliber stents, we achieved satisfactory results.

Biography

E Swiecka graduated from the Medical University in Gdansk, Poland. In 2004 she moved to Germany in order to practice medical profession. She conducted her residency (stage practice) in vascular surgery in Augusta Hospital in Düsseldorf under supervision of prof. R. Kolvenbach and in DRK-Hospital in Berlin under Dr. M Naundorf. Between July 2014 and July 2017 she held a post of the Consultant of Vascular Surgery at the Medical University of Brandenburg in Neuruppin, Germany. In March 2018 she took a post of the Senior Consultant at the Vascular and Endovascular Surgery Department in Elbe-Elster Klinikum in Herzberg, Germany. She is a Member of many national and international medical societies, including European Society for Vascular Surgery, Polish Vascular Surgeon Society and Bulgarian Society of Vascular Surgery. As for hands-on clinical experience, she specializes in carotid and dialysis surgery as well as endovascular procedures.

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